| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | ELIZA | | 05-01-01 |
| O.I.P.E. CLASSIFIER | | 21 | 5/21/01 |
| FORMALITY REVIEW | AM | 917 | 06-21-01 |
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| = | ................................ Allowed | I | ................................ Interference |
| — | (Through numeral)... Canceled | A | ................................ Appeal |
| ÷ | ................................ Restricted | O | ................................ Objected |

| Claim (Final / Original) | Date | | Claim (Final / Original) | Date | | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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